

SENATE RECORD VOTE ANALYSIS

104th Congress
1st Session

Vote No. 338

July 27, 1995, 12:27 p.m.
Page S-10760 Temp. Record

RYAN WHITE REAUTHORIZATION/Final Passage

SUBJECT: Ryan White CARE Reauthorization Act of 1995 . . . S. 641. Final passage, as amended.

ACTION: BILL PASSED, 97-3

SYNOPSIS: As amended and passed, S. 641, the Ryan White CARE Reauthorization Act of 1995, will authorize "such sums as may be necessary" through fiscal year (FY) 2000 for the Ryan White CARE Act, and will make amendments to the program. Under current law there are two main Ryan White grant programs. Title I grants are given to cities that have had an unusually large number of AIDS cases since the early 1980s. Title II grants are awarded to each State based on the cumulative number of AIDS cases reported by the State since the 1980s. Amendments that will be made by this bill include those listed below.

- New criteria will be established for determining whether a city is eligible to receive Title I grants; these criteria will limit the addition of new eligible metropolitan areas (EMAs).

- New requirements will be placed on HIV Health Services Planning Councils (HHSPCs; HHSPCs are local entities that each Title I city is required under existing law to have to establish priorities for the allocation of Title I funds). Those requirements will include that a council will have to reflect the demographics of the epidemic in its local area, and that it will have to participate in the development of a Statewide Coordinated Statement of Need.

- Substance abuse treatment, mental health treatment, treatment education, and prophylactic treatment for opportunistic infections will be added to the list of purposes for which Title I funds may be used.

- The Secretary of Health and Human Services (HHS) will establish recommended minimum formularies for drug therapies; State will document progress in treatment availability and will develop plans for full implementation of the formularies.

- States will use no more than 15 percent of their grants for planning, evaluation, and administration.

- Title II grantees will use at least 50 percent of their grants to provide a continuum of HIV primary medical care, including dental care.

- Current law pediatric demonstration grants in Title IV will be replaced with grants to public and nonprofit private entities to provide services to children, youth, and women with HIV disease.

(See other side)

YEAS (97)				NAYS (3)		NOT VOTING (0)	
Republican (51 or 94%)		Democrats (46 or 100%)		Republicans (3 or 6%)	Democrats (0 or 0%)	Republicans (0)	Democrats (0)
Abraham	Hatfield	Akaka	Inouye	Helms			
Ashcroft	Hutchison	Baucus	Johnston	Kyl			
Bennett	Inhofe	Biden	Kennedy	Smith			
Bond	Jeffords	Bingaman	Kerrey				
Brown	Kassebaum	Boxer	Kerry				
Burns	Kempthorne	Bradley	Kohl				
Campbell	Lott	Breaux	Lautenberg				
Chafee	Lugar	Bryan	Leahy				
Coats	Mack	Bumpers	Levin				
Cochran	McCain	Byrd	Lieberman				
Cohen	McConnell	Conrad	Mikulski				
Coverdell	Murkowski	Daschle	Moseley-Braun				
Craig	Nickles	Dodd	Moynihan				
D'Amato	Packwood	Dorgan	Murray				
DeWine	Pressler	Exon	Nunn				
Dole	Roth	Feingold	Pell				
Domenici	Santorum	Feinstein	Pryor				
Faircloth	Shelby	Ford	Reid				
Frist	Simpson	Glenn	Robb				
Gorton	Snowe	Graham	Rockefeller				
Gramm	Specter	Harkin	Sarbanes				
Grams	Stevens	Heflin	Simon				
Grassley	Thomas	Hollings	Wellstone				
Gregg	Thompson						
Hatch	Thurmond						
	Warner						

EXPLANATION OF ABSENCE:

1—Official Business
2—Necessarily Absent
3—Illness
4—Other

SYMBOLS:

AY—Announced Yea
AN—Announced Nay
PY—Paired Yea
PN—Paired Nay

• Title I and title II grant formulas will be changed to be based on the number of people currently living with AIDS in a city or State, respectively, instead of on the total number of cases reported since 1980 (these formula changes were made because counting all reported AIDS cases results in medical grants being given based on the number of dead as well as living AIDS patients).

• States will adopt guidelines by the Centers for Disease Control concerning recommendations for HIV counseling and voluntary testing for pregnant women.

• States will be denied funds under this Act unless they require spousal notification for patients with AIDS (see vote No. 332).

• Funds authorized under this Act will not be used to promote or encourage homosexual activity or intravenous drug use (see vote No. 333), nor will they be used to promote or encourage sexual activity (see vote No. 337).

• Federal employees will not be required to attend or participate in AIDS or HIV training programs (see vote No. 335).

• The total Federal mandatory and discretionary spending on HIV or AIDS activities will not exceed the total Federal mandatory and discretionary spending on cancer activities (see vote No. 336 for related debate).

Those favoring final passage contended:

This Act is about treatment. It is not about how people became ill, but that they are critically ill and need our help. AIDS was first reported in 1981. By 1982, there were a thousand known cases, and Congress appropriated \$8 million for research on combatting this mysterious disease. Funding research rose to \$104 million in 1984, and continued to climb until by 1990 it had reached \$3 billion. AIDS also continued to grow. By 1987 it was in all 50 States. Last year, the Centers for Disease Control recorded 441,528 cases of HIV, which causes AIDS. This disease is always fatal, usually after years of agonizing, crippling illness. Though it has primarily affected homosexuals and intravenous drug abusers, in recent years it has spread to other populations.

When AIDS first became known it understandably engendered a great deal of fear. Unfortunately, it also engendered a great deal of misunderstanding and hatred. People with AIDS were ostracized and discriminated against instead of helped. One courageous young boy, Ryan White, helped awaken America's conscience. Ryan White was infected by a blood transfusion. The discrimination against this boy, and his refusal to give in to those who would deny him the right to live a normal life, were well-publicized, and greatly reduced the level of public ignorance about this disease. Americans were shamed into helping AIDS victims.

Some Senators believe that we are spending too much on AIDS treatment, research, and prevention, but we think that funding levels have been responsible. Funding has increased as the disease has spread. The response has had nothing to do with political pressure; we do not want this new, fatal disease, which kills indiscriminately at all ages, to grow uncontrollably. Further, this disease is extremely expensive to treat because it results in so many severe corollary illnesses.

We know that this disease raises questions of morality, but the fact remains that people are ill and the disease is spreading. We should respond with compassion and help. This bill responds in that manner, and thus merits our enthusiastic support.

Those opposing final passage contended:

This bill is less about medicine and more about politics. We know that our daring to speak a few truths which the homosexual lobby finds unpleasant will cause us to be vilified in the press, but we will not sit idly by while the Senate wastes billions of more dollars. First, AIDS is not everyone's disease--it is a disease that is found almost exclusively among intravenous drug abusers and homosexuals. These people who contract this disease have not contracted it deliberately, but they have taken a risk as monumentally foolish as the risk that is taken when one plays Russian roulette. Just as surely as one's luck will run out after a few games of Russian roulette, it will run out with homosexuals and drug abusers. They know it, but they demand our money, and insist the disease is "everybody's" disease. Some people have contracted the disease when they have received tainted blood that has been donated by homosexuals or drug abusers, but these people are in a minority, and they do not spread the disease--they are innocent victims of the reckless behavior of others. Ryan White, whom this bill is named after, was one such victim.

Another fact that many people do not want to face, though it is a pleasant fact, is that the spread of AIDS is no longer growing exponentially. It has slowed. With fewer AIDS cases less money should be needed, but instead we fear that spending will only increase. Less than 2 percent of deaths last year were due to AIDS. However, the Federal Government spent \$91,000 for every patient who died of AIDS. In contrast, it spent only \$5,000 for each patient who died of cancer.

Another major problem with this bill is that it is unfair to certain States. Almost all of the money will go to a few large cities in large States. Though the funding formulas will be improved by this reauthorization bill, the distribution formulas are still unfair. Under this bill, for example, New Hampshire will get back only \$2 for every \$10 dollars it pays. In contrast, New York will get \$3.18 for every dollar it puts in, and Washington D.C. will get \$7.26 for every dollar. Clearly there are still huge inequities.

We do not deny that we need to show compassion to AIDS victims and to give them medical treatment, but we deny that they should be given preferential treatment. Further, we also think that it is fair to demand that they behave more responsibly--the way to stop this disease is with self-control. Abstinence needs to be stressed; unfortunately, it is never even mentioned. In sum, the whole focus of this bill is wrong, and we are therefore constrained to vote against it.